

0944: SWALLOWED DENTURES: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

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Introduction: To raise awareness about the potential dangers of dentures by presenting a case series of patients who developed denture impaction in their upper aerodigestive tract.

Methods: A prospective audit of the patients presenting with an accidental swallowing of their denture. The information collected includes demographics, presenting history, examination findings, therapeutic intervention and outcome. Excel was used to collect and analyse the data.

Results: A total of 11 patients (4 female: 7 male) with a mean age of 61 years (range 39 – 82) were identified. Nine patients attended the accident and emergency department on the same day after developing absolute dysphagia and all of these patients required a general anaesthetic to remove the partial denture. One patient had swallowed only the artificial teeth and no active intervention was required. In one patient it took 4 months to discover an impacted denture in his hypopharynx.

Conclusions: A high index of suspicion should be maintained in denture users presenting with a new onset dysphagia particularly when the clinical history is vague. In stridentulous patients a tracheostomy may be indicated before denture removal is attempted.

1026: GLUE EAR – HOW READABLE IS INFORMATION ON THE INTERNET TO THE GENERAL PUBLIC?

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Introduction: Medical literature available on the internet can facilitate shared decision-making between clinician and patient. These sites should be critically appraised for their quality and ease with which they are read and understood.

Methods: The term 'Glue Ear' was typed into the three most frequently used Internet search engines- Google, Bing and Yahoo. The first 20 links from each engine were analysed. The first 400 words of each page were used to calculate the Fleish-Kincaid readability score. Then each website was graded using the DISCERN Instrument which looks at quality and content of literature.

Results: Nhs.uk and bupa.co.uk received the highest scores for the DISCERN tool reflecting excellence in reliability and quality of information on treatment choices. Londonentsurgeon.co.uk and ican.org.uk have the highest readability scores on the Fleish-Kincaid score, however showed lower scores for the DISCERN tool. Overall patient.co.uk had the highest DISCERN score and came third highest for readability.

Conclusions: There is a huge variation in the quality of information available to patients on the Internet. Some sites may be accessible to a wide range of reading ages but have poor quality content and vice versa. Patient.co.uk is shown to be an excellent source of information for glue ear.

1041: A LOW COST LOW FIDELITY TRAINER FOR TRACHEOSTOMY CARE

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Introduction: Part-task trainers are models of specific anatomical areas used in the teaching of procedural skills¹. The use of trainers is increasing in medical education and low fidelity trainers have been shown to be as effective as high fidelity simulators for skills acquisition^{2, 3}. Our aim was to create a life-like reusable simulator for teaching tracheostomy tube change and suctioning skills.

Methods: The trainer utilises readily available airway tubing to simulate the trachea. A foam dressing is sutured over the framework to simulate skin giving an accurate approximation of the anterior neck anatomy. The dressing is punctured and sutures used to secure the edges of the dressing forming a life-like stoma. One end of the airway tubing is attached to the lid of a specimen container creating a refillable reservoir.

Results: The trainer provides a cheap robust means of teaching a valuable clinical skill to those involved in routine tracheostomy care.

Conclusions: In our department the model has been used to teach skills to both junior ENT trainees, Foundation Year doctors and critical care nurses.

The model allows for life-like suctioning and attachment of straps to secure the tube which is crucial in safe tracheostomy tube care.

1078: DOES AN INTRODUCTORY ENT COURSE IMMEDIATELY IMPROVE CLINICAL DECISION MAKING?

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Introduction: Clinical attachments in ENT are undertaken by a diverse background of junior doctors in the UK, with varied degrees of previous experience. Therefore, much apprehension can be experienced in clinical decision-making at the beginning of the job. Our centre hosts an introductory course for new ENT house-officers in the region in order to introduce key concepts in the early phase (Basic ENT Skills Training/BEST course).

Methods: We assessed the responses of junior doctors who attended the BEST course with a questionnaire on ten commonly encountered scenarios. We compared pre- and post-test responses and gauged this with the doctors' grades/occupations.

Results: 34 junior doctors attended the courses in August or December 2013- ranging from FY1 to CT2 level. Average pre-test scores of 5.05, and average post-test scores of 7.70 (max score possible of 10). A test score improvement was noted in 33 of the 34 participants. The greatest improvements were amongst GPVTS and FY2 level doctors.

Conclusions: There was a significant average improvement in test scores for doctors undertaking the course. We feel that such a course is of great benefit to all doctors working in ENT and should be adopted nationally in order to improve confidence and patient safety.

1080: OPERATIONS PERFORMED BY ENT SURGEONS: HAS THERE BEEN A CHANGE IN THE LAST 10 YEARS?

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Introduction: To identify if there has been a change in the procedures performed by otorhinolaryngologists in England over the past 10 years.

Methods: Data on hospital episodes for the financial year 2001/02 and 2011/12 were obtained from the UK Department of Health. The data on hospital episode statistics (HES) were subsequently manipulated to extract data relating to procedures undertaken by otorhinolaryngologists.

Results: Over the past 10 years, there has been a 1.5% (n=3,849) fall in the total number of operations performed by otorhinolaryngologists with 249,483 operations in 2001/02 compared with 245,634 in 2011/12. The most common otological procedure were grommet insertion although the total number of this procedure has dropped from 41,691 to 32,484 while the most common rhinological procedure were septoplasties. There has also been a 2% (n=1,059) fall in tonsil operations. However, otorhinolaryngologists are performing more cochlear and vestibular surgeries (such as cochlear implants), endoscopic sinus surgeries and thyroid surgeries than before with an increase of 43.4% (n=431), 6.2% (n=504) and 41.7% (n=949) respectively.

Conclusions: The impact of guidelines implemented over the past 10 years were reflected in the surgical activity of otorhinolaryngologists. With the total number of surgical activity falling coupled with increasing service demands, training opportunities may decrease further in the future.

1204: A NOVEL APPROACH TO ORAL TRAUMA FOLLOWING RIGID ENDOSCOPY: CAN A DAM SAVE THE GUM?

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Introduction: Iatrogenic oral injuries are well recognised during rigid endoscopy of the proximal aerodigestive tract in head and neck surgery. Although wet gauze is routinely used for oral protection, in our clinical experience, it may not necessarily offer best protection. A novel material, dental dam was consequently piloted for rigid endoscopies in our local unit.

Methods: A comparative review of the effectiveness of these protection appliances was conducted of prospective data collected on head and neck endoscopic procedures performed by all grade of staff between July 2012 and July 2013.

Results: 76 patients included (48M:34F). Of these, 56/76 had wet gauze and 20/76 had dental dam used during rigid endoscopy. Overall incidence